

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		49	3/18/00
RESPONSE FORMALITY REVIEW	J.S.	69134	5-5-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Date
Final	11
Original	12
1	✓ ✓ ✓
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ 0
9	0 0
10	✓ 0 ✓
11	0 0
12	✓ ✓
13	0 ✓
14	✓ ✓
15	✓ ✓
16	0 ✓
17	✓ ✓
18	✓ 0
19	✓ 0
20	✓ =
21	✓ =
22	0 =
23	✓ =
24	0 =
25	0 =
26	✓ ✓
27	✓ ✓
28	0
29	✓
30	✓ ✓
31	✓ ✓
32	0 ✓
33	0 0 ✓
34	0 0 0
35	0 0
36	✓ ✓ ✓
37	✓ ✓ ✓
38	✓ =
39	✓ =
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Claim	Date
Final	51
Original	52
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Claim	Date
Final	101
Original	102
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If more than 150 claims or 10 actions
staple additional sheet here

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